

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 15, 2006 8:00 am**  
**Secretary of State**

02-15-2006 90048 005 \*\*\*\*61.25

**DOCUMENT # N04000005256**

1. Entity Name

**PARCO INDUSTRIALE TAMiami CONDOMINIUM  
ASSOCIATION, INC.**



Principal Place of Business

**2600 NW 87 AVENUE, #32  
MIAMI FL 33172**

Mailing Address

**ATTN: MYRIAM PALACIOS  
P.O. BOX 228055  
MIAMI FL 33122**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/05)

4. FEI Number

**38-3711867**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**MP PROPERTY MANAGEMENT  
2600 NW 87 AVENUE #32  
MIAMI FL 33172**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, name or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25  
Due By May 1, 2006**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**Make Check Payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	SUAREZ, ALBERTO J	
STREET ADDRESS	9370 SW 98TH ST	
CITY-ST-ZIP	MIAMI FL 33176	
TITLE	VPSD	<input checked="" type="checkbox"/> Delete
NAME	VALDES-DENIS, RAMON	
STREET ADDRESS	9370 SW 98TH ST	
CITY-ST-ZIP	MIAMI FL 33176	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	SUAREZ, MARGARITA	
STREET ADDRESS	9370 SW 98TH ST	
CITY-ST-ZIP	MIAMI FL 33176	
TITLE	VD	<input type="checkbox"/> Delete
NAME	ESTRADA, FLORENTINO	
STREET ADDRESS	14055 SW 143 CT #16	
CITY-ST-ZIP	MIAMI FL 33176	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LANTIGUA, JULIO	
STREET ADDRESS	14075 SW 143 CT #8	
CITY-ST-ZIP	MIAMI, FL 33186	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DESS, MARK	
STREET ADDRESS	4095 NORTH MERIDIAN AVE	
CITY-ST-ZIP	MIAMI BEACH, FL 33140	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LOPEZ, JUAN R.	
STREET ADDRESS	PO BOX 431435	
CITY-ST-ZIP	South Miami, FL 33249	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CASALDUMAS, JAVIER	
STREET ADDRESS	14075 SW 143 CT #9	
CITY-ST-ZIP	MIAMI, FL 33186	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PALACIOS, MYRIAM	
STREET ADDRESS	PO BOX 228055	
CITY-ST-ZIP	MIAMI, FL 33122	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

1-25-2006